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**Executive Board  
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## **COUNTRY PROGRAMMES**

### **Agenda item 8**

*For approval on a  
no-objection basis*



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## **COUNTRY PROGRAMME – YEMEN 10435.0 (2007–2011)**



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## NOTE TO THE EXECUTIVE BOARD

**This document is submitted to the Executive Board for approval on a no-objection basis.**

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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## EXECUTIVE SUMMARY

Yemen is classified as a least-developed country and is ranked 151<sup>st</sup> of 177 countries in the United Nations Development Programme's 2005 Human Development Report. It has a gross national income per capita of US\$544 per year; economic growth slipped to 2.7 percent in 2004. The population is nearly 20 million, with an annual population growth rate of over 3 percent.

Only 3 percent of the land in Yemen is arable. Chronic water shortages and stagnating agricultural production have increased poverty levels in rural areas, where more than 70 percent of the population lives, and there is continued deterioration of core nutrition, health and macro-economic indicators. Approximately 43 percent of households are generally food-insecure, 22 percent definitely food-insecure and 8 percent food-insecure with severe hunger. Child malnutrition rates are among the highest in the world, with wasting at 12.5 percent and stunting at 53.1 percent for children under 5. Gender gaps in education are high, with illiteracy rates of 72 percent for women and girls compared with 31 percent for men: enrolment rates in primary schools are 61 percent for girls compared with 86 percent for boys.

The overall goal of this country programme is to contribute to the joint efforts of the government and the United Nations to reduce poverty and food insecurity in Yemen, in line with the Millennium Development Goals, the National Development Plan 2006–2010 and the new United Nations Development Assistance Framework for Yemen. The CP is consistent with WFP's enabling development policy and current strategic plan and aims to promote national ownership by strengthening capacity-building at both central and local levels. It will be based on food security and vulnerability analyses and will work through joint programmes and partnerships with other United Nations agencies, providing complementary activities to address weaknesses in health care and education.

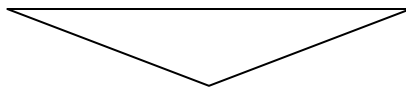
The country programme strategy addresses WFP Strategic Objectives 3, 4 and 5, and incorporates the relevant WFP Enhanced Commitments to Women.

The design of the country programme is based on lessons learned from the previous country programme and the recommendations of evaluation and appraisal missions. The implementation of two core components will continue: (1) nutrition support and education targeting mothers, children and tuberculosis and leprosy patients; and (2) promotion of school enrolment and attendance for girls. Component 2 will expand to include schoolgirls at secondary level; this is justified by high female drop-out rates, and further contributes to the social empowerment of women in Yemen.

Activities will target 1,647,000 beneficiaries, providing family take-home food rations. The targeting process for the new country programme has been facilitated by the 2003 Yemen Food Insecurity Vulnerability Information and Mapping Systems. The total WFP budget for the core activities is about US\$48 million.



## DRAFT DECISION\*



The Board approves on a no objection basis the Country Programme for Yemen 10435.0 (2007–2011) (WFP/EB.2/2006/8/5), for which the food requirement is 96,256 mt at a cost of US\$40.5 million covering all basic direct operational costs.

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations issued at the end of the session.



## SITUATION ANALYSIS

1. Yemen is classified as a least-developed country, and ranked 151<sup>st</sup> out of 177 countries in the 2005 United Nations Development Programme (UNDP) Human Development Report. Yemen is also one of the poorest countries in the Middle East and North Africa (MENA) region, with an estimated annual gross national income of US\$544. Overseas development assistance in 2004 was US\$8 per capita, primarily earmarked for education, health, governance and democratization, while agriculture, fisheries and food processing received even fewer resources.<sup>1</sup>
2. The annual population growth rate is 3.02 percent, and the current population of nearly 20 million is expected to double by 2030. Economic growth decelerated from 4.6 percent in 2001 to 2.7 percent by 2004, well below the targeted average growth rate of 5.6 percent in the 2000–2005 National Development Plan. More than 35 percent of the population is considered undernourished.<sup>2</sup> Given an unchanged pattern of income distribution and the current population growth rate, Yemen would need to maintain a gross domestic product (GDP) growth rate of 5 percent per year in order to reduce poverty by half by 2015.
3. Overall progress in tackling poverty has been slow, and crucial expectations of the Yemen Poverty Reduction Strategy (PRS) 2003–2005 have not been met.<sup>3</sup> Factors influencing poverty include the slow pace of economic reforms, decline in oil production, impact of macro-economic reform policies and budget deficits. Indirect estimates of poverty were about 40 percent in 2003, with rural poverty estimated at about 45 percent. Given the link with population growth, the absolute number of the income-poor is estimated to have risen by 3 percent. The proportion of undernourished people in the total population has increased, as well as the proportion of those living below US\$1 purchasing power parity per day.<sup>4</sup>
4. According to the 2003 Food Insecurity Vulnerability Information and Mapping Systems (FIVIMS), 43 percent of the households (8.3 million people) are “generally food-insecure”; 22 percent (4.3 million people) are “definite food-insecure”.<sup>5</sup> Prevalence varied by governorate from 27 percent to 86 percent and by ecological zone. Approximately 8 percent of all households (1.5 million people) are considered “food-insecure with severe hunger”.
5. Yemen is one of the few countries in the region where malnutrition is a serious problem. The 2003 Family Health Survey (FHS) revealed that chronic malnutrition, measured by the prevalence of stunting in children under 5, had increased from 33.7 percent in 1983 to

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<sup>1</sup> The comparable figures for sub-Saharan Africa and Egypt are US\$25 and US\$36 per capita, respectively. Food and Agriculture Organization of the United Nations (FAO) (2004). “The poverty reduction strategy and food security in Yemen (current and prospective) as the key components of the socio-economic development plans”.

<sup>2</sup> Only 17 other countries have 35 percent or more undernourished. FAO. 2005. “The state of food insecurity in the world 2005”.

<sup>3</sup> The Republic of Yemen. “Poverty Reduction Strategy Paper (PRSP) 2003–2005”.

<sup>4</sup> FAO, Rome, December 2005. “The State of Food Insecurity in the World 2005”.

<sup>5</sup> The Republic of Yemen country strategy outline/FAO (no date). *Food insecurity in Yemen: Results of the 2003 FIVIMS Survey*, vol. I (Main Report) and vol. II (Annexes). According to the report; “generally food-insecure” means “in the last 12 months, household members could not afford to eat what they normally eat”; “definite food-insecure” means “one or more members skipped a meal in the day for lack of food” (moderate) or “one or more members did not eat for an entire day for lack of food” (severe).



53.1 percent in 2003.<sup>6</sup> Recent data indicate child malnutrition (underweight) rates of 46 percent, among the highest in the world, and a maternal mortality rate of 366 per 100,000. The FHS found that wasting (weight-for-height) was 12.5 percent. In addition, 60 percent of the people in Yemen live in malaria-prone areas, with a prevalence rate of 35 percent (in 2000). The health system suffers from serious systemic problems such as inadequate health facility coverage, limited human resource capabilities and weak monitoring and information systems.

6. A shift from staple food production to marketable but irrigation-dependent cash crops combined with a high population growth rate has resulted in decreasing food availability since the 1970s, when Yemen was almost self-sufficient in cereals production. Only 3 percent of the land in Yemen is arable, and per-hectare yields are the lowest in the MENA region. Chronic water shortages and stagnant agricultural output, except for the cash crop *qat*<sup>7</sup> have serious adverse effects on poverty levels in rural areas, where more than 70 percent of the population live. Less than 4 percent of agricultural households produce food for their own household consumption, and 18 percent depend on sales of their own agricultural produce as a source of food. About 75 percent of the population depend on agriculture as a main source of livelihood, but the agricultural sector accounts for only 15.5 percent of GDP.
7. Food access remains a major concern in Yemen: 80 percent of staple food grain requirements are imported and the significant dependence on imports is likely to continue<sup>8</sup>. Increases in international prices of basic commodities and freight costs erode the purchasing power of poor households in rural areas. The phase-out of fuel subsidies in July 2005 also contributed to upward price pressure; food price inflation averages increased from 19 percent in 2004 to 35 percent by the end of 2005. The food-based safety-net mechanisms established by the government in 1996 as part of structural adjustment reforms were not adequately and efficiently implemented.<sup>9</sup>
8. The effect of *qat* production and consumption in Yemen is profound. The 2003 FHS indicates that 42 percent of the population aged 10 and older chew *qat*; 25 percent of this group, mostly men, do so daily. Expenditure for *qat* is largely at the expense of food consumption, and *qat* consumption has an adverse effect on the ability of the body to absorb nutrients.

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<sup>6</sup> The Republic of Yemen/Ministry of Health. 2003. Family Health Survey.

<sup>7</sup> *Qat* is an evergreen plant containing cathinon, with amphetamine-like effects. Excessive consumption may lead to addiction. Republic of Yemen/FAO. 2005. *Mid-Term Sustainable Development Plan for Agriculture, Food Security and Poverty Reduction Based on the MDGs 2006–2010*.

<sup>8</sup> FAO. 2005. *Food Crops and Shortages: Global Information and Early Warning System on Food and Agriculture*.

<sup>9</sup> Estimated import requirements for wheat, rice and coarse grains were 2.4 million mt in 2005, excluding re-export volumes.

<sup>10</sup> The Social Welfare Fund was established in 1996 to compensate for the removal of subsidies on some basic food items; however, weak governance and poor targeting mechanisms have continued to be the major impediments to the effectiveness of the safety-net programme, as discussed in the European Union “Bi-annual Food Security Programme for Yemen” report.



9. Gross enrolment rates (GER) in basic education, defined in Yemen as grades 1–9, increased from 58 percent in 1997–1998 to 66.5 percent by 2003–2004. However, given rapid population growth, the absolute number of children out of school has not been significantly reduced. In spite of overall progress in reducing the gender gap in basic education, GER for girls was 51 percent and 80 percent for boys in 2003. In 2004, data on total enrolment at secondary level indicated a ratio of 31 percent girls to 69 percent boys. Gender gaps in education are among the highest in the region: illiteracy rates are 72 percent for girls compared with 31 percent for boys. Because of the difficult topography of Yemen, disaggregated gender gaps are widely divergent. Recruiting women teachers is difficult, because young women are not allowed to commute long distances from their homes. Mobility is easier for men teachers, but teachers' pay is insufficient to cover rent, food and transportation.
10. The 2005 Yemen Millennium Development Goals (MDGs) needs assessment indicates that the country is unlikely to achieve MDG targets by 2015, with the possible exception of achieving universal primary education. Achieving MDG 3 is especially difficult in Yemen.<sup>10</sup> Impediments to girls' education include opportunity cost, limited number of women teachers in rural areas, long distances to schools in remote and mountainous regions, traditional attitudes with regard to girls' education and the trend towards underage marriage. Women generally lack skills and capital, which deprives them of income-generating opportunities and access to markets. This is reflected in the low gender development index of 121 out of 140 countries listed<sup>11</sup>.

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## PAST COOPERATION AND LESSONS LEARNED

11. The current country programme (CP) 2002–2007 targets girls, women and children. It focuses on the strategic priorities of improved nutrition and health among targeted mothers and children through increased food consumption and better nutrition and health practices, and improved gender equality in terms of access to and completion of basic education through increased enrolment, stabilized attendance and reduced drop-out rates for girls. A third activity — improved livelihoods for targeted rural women and their families through asset creation and increased incomes through promoting micro-enterprises owned and managed by women — has not been implemented for lack of an implementing partner. The expansion of supplementary activities into other areas has not been implemented because of resource constraints.
12. The November/December 2005 evaluation of the current CP concluded that its objectives were in line with the WFP Enabling Development Policy, the Enhanced Commitments to Women (ECW), the MDGs and national development objectives in Yemen. The evaluation found that distributing rations had a positive short-term effect on household food security and that the planned effect on gender equity in enrolment exceeded expectations. This is particularly apparent when comparing the enrolment data of girls in WFP-assisted and non-assisted schools.

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<sup>10</sup> The Republic of Yemen/Ministry of Planning and International Cooperation. 2005. *Millennium Development Goals: Progress Report Yemen*.

<sup>11</sup> UNDP Human Development Report, 2005.



13. Despite its overall strengths, problems and constraints have affected implementation of the CP. Goals not achieved include conducting a nutrition baseline study ensuring food assistance to all eligible beneficiaries in the targeted mother-and-child health (MCH) programme, achieving synergy with other United Nations agencies, developing a plan for increasing the role of national counterparts in logistics management and ensuring that counterparts receive training for capacity-building. There also remains a need to develop an advocacy strategy conducive to contributing to measuring programme outcomes.
14. Planning of the CP and some of the activities benefited from the use of vulnerability analysis and mapping (VAM) for area targeting and the development of a set of criteria for selecting health centres and schools. Relative to the preceding CP (1997–2001), implementation of the 2002–2007 CP improved substantially in area targeting. This is also evident in a smooth commodity chain from ports to distribution sites, appropriate mechanisms for food distribution and an effective monitoring system.
15. Increased use of local procurement provided a cost-effective solution for obtaining commodities for the CP and for dealing with poor quality of food, without leading to market disruptions. There is no significant difference between the costs to WFP and the current market value of wheat and oil in Yemen: the alpha value is relatively high, with local market prices of basic staples comparable to world market prices. No adverse influence on local production or markets because of local procurement is anticipated. The alpha value for wheat-soya blend (WSB) cannot be calculated because it is not available in Yemen.

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## STRATEGIC FOCUS OF THE COUNTRY PROGRAMME

16. The goal of the CP 2007–2011 is to contribute to addressing poverty, food insecurity, malnutrition and gender gaps in education in Yemen. The CP strategy addresses six of the eight MDGs, with a strengthened focus on gender as the cross-cutting issue.<sup>12</sup> The strategy is aligned with government policies and priorities related to education and nutrition, particularly the objectives of the National Development Plan 2006–2010, the 2005 Common Country Assessment (CCA) for Yemen, and the 2006 United Nations Development Assistance Framework (UNDAF).
17. Given Yemen's poverty and food insecurity-related macro-economic indicators and the limited impact of government food-based safety-net mechanisms related to structural adjustment reforms, WFP has an important place in food assistance in the country.
18. The CP strategy addresses Strategic Objectives (SO): 3, 4 and 5.
19. The objective of the CP is to strengthen gender-related outcomes through intra-programme synergy. Efforts will be strengthened to measure performance at the outcome level, taking into account links with WFP's Strategic Objectives and the ECW.
20. The CP aims to achieve the following outcomes:
  - reduced level of malnutrition in targeted children under 5 (SO3);
  - reduced level of malnutrition among pregnant and lactating women (SO3) (ECW I.1, I.2, I.3);

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<sup>12</sup> MDG1 (eradicate extreme poverty and hunger); MDG2 (achieve universal primary education); MDG3 (promote gender equality and empower women); MDG4 (reduce child mortality); MDG5 (improve maternal health); and MDG8 (develop a global partnership for development).





- improved health conditions of beneficiaries targeted in tuberculosis (TB) and leprosy programmes (SO3);
  - increased capacity of government counterparts to monitor and report on outcome indicators for WFP-assisted MCH centres (SO5) (ECW VI.3, VI.4);
  - increased enrolment of girls in WFP-assisted schools (SO4) (ECW II.1, II.2, II.3);
  - increased percentage of girls graduating from secondary schools (SO4) (ECW II.3);
  - reduced gender disparity between girls and boys in WFP-assisted primary and secondary schools (SO4) (ECW II.1, II.3; VI.3, VI.4); and
  - increased capacity of government counterparts to monitor and report on outcome-level indicators for WFP-assisted school feeding programmes (SO5) (ECW VI.1).
21. The CP will focus on two core components, with a resource allocation ratio of 30:70 percent for both: (i) nutrition support and nutrition education targeting mothers, children and other vulnerable groups; and (ii) promotion of school enrolment and attendance for girls at all grade levels.
22. Targeting has been facilitated by the 2003 Yemen FIVIMS.<sup>13</sup> Variables associated with “food insecurity with hunger” and variables related to the number of food groups consumed by surveyed households were used to identify first-priority districts for geographic targeting (phase 1).<sup>14</sup> Targeting was further refined through review of sector-specific indicators related to education and nutrition (phase 2). Indicators of the gender gap in enrolment, gross enrolment rates and drop-out rates by district were reviewed, and nutrition indicators related to stunting rates, low birthweight, infant mortality and maternal mortality were analysed. The data were clustered by district to identify geographic areas with the highest prevalence rates of the sector-specific indicators. The final stage (phase 3) of the analysis will align the targeted areas with operational feasibility, counterpart capacity, security conditions and physical access as well as availability of resources.<sup>15</sup>
23. Annex IV provides a map of districts with high to very high concentrations of severe food insecurity, an indication of suitable locations for WFP operations during the CP 2007–2011.

## Core Programme Components

### ⇒ *Component 1: Nutritional Support to Women, Children and Other Vulnerable Groups*

24. The objective of Component 1 is to contribute to improving the health and nutrition status of targeted beneficiaries. WFP food aid constitutes a nutritional supplement for

<sup>13</sup> The FIVIMS was based on a nationally representative sample covering 112,226 households in 20 governorates and 288 districts.

<sup>14</sup> An analysis of the number of food groups (as in the FIVIMS study) is similar to the dietary diversity indicator commonly used by WFP. The combination of food insecurity concentration and food groups functions as a more refined proxy to estimate the food access component of food insecurity.

<sup>15</sup> The preliminary analysis will be refined and finalized during the Plan of Operations discussions with government counterparts.



malnourished children under 5<sup>16</sup> and malnourished pregnant and lactating women. It acts as an incentive for regular attendance in health care centres offering MCH services, and constitutes an important income transfer.

25. The household food ration composition for malnourished pregnant and lactating women has been revised to include 1 kg of wheat flour fortified with iron and folate, 40 g of oil fortified with vitamin A and 40 g of sugar per day.<sup>17</sup> Targeted beneficiaries include all malnourished pregnant women at any month of pregnancy and lactating women for six months following delivery, using the mid-upper-arm circumference (MUAC) and body mass index (BMI) as selection criteria.<sup>18</sup> The selection criterion for children under 5 is based on weight-for-age, using growth-monitoring charts; children are discharged if they grow out of the eligible criteria for three successive months. The household food ration for malnourished children aged 6 to 59 months is 416 g of fortified WSB, 40 g of fortified oil and 20 g of sugar per day<sup>19</sup> for nine months. The ration is to be distributed as a monthly dry family take-home ration,<sup>20</sup> calculated to take into account the basic requirements of the malnourished mother and child in terms of energy, protein, fat and micronutrients.
26. Health and nutrition education under Component 1 will be strengthened as recommended by the evaluation and appraisal missions. WFP and the United Nations Children's Fund (UNICEF) will ensure the training of health centre staff to enable them to carry out nutrition education with MCH beneficiaries, including appropriate use of WSB rations. Health staff will be encouraged to provide basic nutrition education to students in grades 5–9. Improved nutrition practices will help reduce the risk of childhood stunting and its adverse effects on mental growth and the negative impact of *qat* on nutrition.
27. In spite of substantial efforts invested in decreasing default rates and improving cure rates of TB outpatients in WFP-supported interventions, TB prevalence is expected to grow. The national leprosy programme has managed to eliminate leprosy at the national level, achieving the World Health Organization (WHO) indicator of less than 1 case per 10,000 population. However, continuous efforts are needed to eliminate leprosy at the sub-national levels and to decrease the percentage of disability among new cases by early detection and continuation of treatment. The debilitating effects of, and stigma associated with, both TB and leprosy render it difficult for patients to earn a living or to keep their jobs.

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<sup>16</sup> Covering this age group is important in view of high rates of stunted and underweight children. The appraisal report did not agree with the evaluation mission recommendation to confine targeting to children under 2.

<sup>17</sup> See Annex I-B.

<sup>18</sup> MUAC and BMI are international standard measurements of malnutrition among pregnant women and lactating mothers that have not been used previously in WFP-supported nutrition-related activities in Yemen.

<sup>19</sup> See Annex I-B.

<sup>20</sup> Household size in Yemen is seven members.



28. The ration of 1 kg of fortified wheat flour, 40 g of fortified oil and 40 g of sugar per person/day will cover eight months for TB patients and one year for leprosy patients. It will contribute to full adherence to treatment essential to recovery and will function as an income transfer to improve quality of life.
29. The value of the income transfer for pregnant women and lactating mothers per month equals US\$4.7<sup>21</sup>. The value of the food basket amounts to 10 percent of the average monthly income of US\$45.33. For TB and leprosy patients, the value of the income transfer amounts to US\$7.8, 17 percent of the average monthly income. Component 1 will benefit annually 24,130 beneficiaries including 12,600 pregnant and lactating mothers, 9,800 children under 5, 1,280 TB patients and 450 leprosy patients (see Annex IA). Annex IB provides an overview of commodity composition and food rations for beneficiaries of Component 1.

⇒ *Component 2: Promotion of Enrolment and Attendance to Education for Girls at All Grade Levels*

30. The goal of Component 2 is to reduce the education gender gap in Yemen. This will be undertaken through provision of food incentives to encourage families to enrol and keep their daughters in basic and secondary-level education. Expanding the programme component to include targeting of girls in secondary education is justified by high drop-out rates of girls after grade 9, and to support the social empowerment of women in line with the ECW.
31. The food ration will also constitute an appreciable income transfer for beneficiary households, especially for the average targeted household with more than one daughter enrolled in WFP-assisted schools.
32. During the current CP, each girl pupil receives a take-home ration of 416 g of wheat and 22.5 g of oil per day. Three distributions per school year amount to 150 kg of wheat and 8.1 kg of oil per person, distributed on condition that unexcused non-attendance does not exceed 20 percent of school days annually. The same ration-distribution strategy will continue in the new CP.
33. Addressing the low quality of education will be an additional objective of Component 2. The strategy is to tackle high drop-out and failure/repeat rates, overcrowded classrooms, inadequate numbers and under-qualification of teaching staff, particularly women, and inadequate school infrastructure. The approach involves monitoring and reporting on drop-out and failure/repeat rates of boys in all grades to ensure that increasing enrolment rates of girls accurately reflect decreasing gender gaps in education. WFP and partners will advocate with national counterparts to implement these objectives through the national education strategy.
34. Establishing parent-teacher associations (PTAs) is in line with the national education strategy developed by the Ministry of Education. Component 2 will further develop this strategy to encourage active involvement of PTAs in monitoring food distribution, mobilizing communities to support girls' education up to secondary level and providing in-kind support to teachers recruited from other areas. Advocacy efforts will include promoting female membership in the PTAs as part of contributing to the social empowerment of rural women.

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<sup>21</sup> US\$1 = YER196 (May 2006).



35. The value of the income transfer to households of the beneficiaries amounts to US\$16 per ration, or US\$48 per nine-month school year, amounting to 9 percent of average monthly per capita income. Annex I-A indicates the number of beneficiaries included in Component 2, targeting 95,600 schoolgirls annually in the selected districts. Annex I-B provides an overview of commodity composition and food rations for beneficiaries of Component 2.
36. The implementation strategy applied under the 2002–2007 CP will be reviewed. The feasibility of having one programme management unit (PMU) with the Ministry of Planning and International Cooperation will be explored to unify channels of communication and improve efficiency and effectiveness.
37. To promote national ownership, counterpart capacities will be further strengthened to manage, monitor and report on WFP-supported interventions. Institutional strengthening will include promoting systematic knowledge-sharing between the governorate and central levels to ensure that reporting covers data entry and data processing conducive to measuring intended outcomes; this will also contribute to supporting decentralization in Yemen by building capacity at the governorate level and eventually at the district level. Capacity-building of counterparts in programme implementation, gender-sensitive monitoring and results-based reporting is linked to the UNDAF outcome indicator on enhancing transparency and accountability of public institutions as part of promoting good governance.
38. WFP is a member of the United Nations country team (UNCT) and the United Nations Resident Coordinator system. It is party to the Partnership Declaration for the Basic Education Development Strategy between the Government of Yemen and the donors – Germany, Netherlands, the United Kingdom, UNICEF and the World Bank. Synergy will be sought by formalizing partnerships with UNICEF and WHO to support systematic planning and implementation of joint and complementary activities, especially deworming, and delivery of the minimum essential package for health and education, including training of women teachers. WFP will make good use of the health surveillance system being introduced in some targeted health centres with support from WHO. WFP will collaborate with the Food and Agriculture Organization of the United Nations (FAO) on issues related to food security and vulnerability analysis and markets. The UNDAF strategy provides further possibilities for collaboration and partnerships.
39. The difficult nature of the terrain in Yemen, limited infrastructure and security-related constraints require the logistics capacity to achieve uninterrupted supply to beneficiaries, including those in remote areas. WFP will continue to be responsible for transport from ports to central and governorate warehouses, and will jointly manage secondary transport to distribution sites. Counterpart capacities will be strengthened; their gradual involvement in port operations and primary transport will be increased. Additional training, including training at the governorate and district levels, and rehabilitation of warehousing infrastructure and equipment will also be implemented. WFP will continue to cover landside transport, storage and handling (LTSH) costs, given government financial constraints.
40. WFP will help to review the sustainability of existing efforts in Yemen to fortify wheat flour and oil and to iodize salt, and will support efforts to attain near-universal availability of adequately fortified products. WFP will allocate resources for capacity-building and strengthening of health and nutrition education, including HIV/AIDS awareness in health centres, in cooperation with United Nations partners and the national HIV/AIDS programme.



41. The expectation that Yemen is unlikely to achieve most of the MDGs has implications for formulating any realistic phase-out strategy. During the 2007–2011 CP, further food security monitoring and VAM updates will aim to develop a transition strategy that accords priority to the most food-insecure and poorest rural areas on the basis of updated sector-specific selection criteria.

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## PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

42. To ensure that CP implementation commences as soon as possible in 2007, some activities will be implemented during the inception phase in 2006. On the basis of the recommendations of the appraisal report, WFP will prepare summaries of the core programme components, specifying results-based indicators, monitoring and reporting arrangements and food aid and cash commitments. The summaries will be submitted to the Programme Advisory Committee (PAC) and subsequently approved by the WFP country director after consultation with the regional bureau. The PAC will be chaired by the Ministry of Planning and International Cooperation and WFP, and will include representatives from the Ministry of Public Health and Population, the Ministry of Education, United Nations agencies with which WFP has formalized partnerships and the National Women's Committee (NWC).
43. An external mid-term evaluation will be carried out in 2009, for which the terms of reference will be developed jointly with counterparts and partners. The evaluation will focus on overall achievements of the CP with regard to performance measurement criteria outlined in the results-based matrix.
44. More vigilant monitoring efforts led to significant improvements in the management of food aid and logistics. The Yemen CCA and UNDAF place strong emphasis on improving good governance, reflecting concern for levels of accountability in Yemen. The WFP country office will take this into account for programme implementation and monitoring.
45. The gradual transfer of liability for primary transport to the Government will be addressed. Logistics modalities will be reviewed to rationalize supply-chain management through one central government entity. Capacity-building will include training courses for counterpart staff in warehouses, fumigation of food storage facilities in health centres and training of counterparts in port operations, transport contracting and commodity tracking. Rehabilitation of warehouses and equipment will be carried out at the governorate level. Selected counterparts will participate in exchange visits to other WFP projects in the region.
46. Strengthening the management of the supply chain is critical to implementation of the CP and its core activities. Arrivals of food aid will be scheduled so as to ensure timely delivery and optimum inventory levels. Minimum stock levels will be maintained for contingency purposes, covering one month.
47. Local procurement of food commodities, which competes with deliveries from abroad, will be continued, leading to efficiency gains in terms of timeliness, alleviation of pipeline breaks, product quality and cost savings attributable to direct delivery to warehouses at the governorate level and supporting contingency planning. The alpha value is 0.94 in favour of local purchase for wheat and 0.88 for vegetable oil.
48. The capacity of the country office to: (i) support intra-programme added value, (ii) measure and report on programme outputs and outcomes, (iii) mainstream results-based management (RBM), and (iv) formulate contingency, transition and advocacy strategies will be strengthened. WFP will conduct a nutrition baseline survey at the inception phase



and will enhance its food-security monitoring and community profile by obtaining data on *qat* consumption among beneficiaries. The transition strategy and the monitoring and evaluation matrices for the core activities will be further refined to establish synergies between programme activities. A contingency strategy based on vulnerability analysis will be developed to tackle the shortage of resources. A minimum of one month's stock will be maintained at the central level for each of the two CP components.

49. A management matrix covering all programme activities will be developed. Performance will be measured against the criteria in the matrix, providing the basis for refinement of area targeting and regular updating of information on the basis of VAM. The matrix will function as a management tool, paired with allocation of staff to clusters of districts zones in which they are responsible for implementation of programme components. There will be sector-specific focal points for education and health, and thematic focal points for gender issues; this will encourage horizontal linkages and synergy between core programme components.



## ANNEX I-A

<b>BENEFICIARY COVERAGE BY COMPONENT AND FOOD ALLOCATION</b>				
<b>CP component</b>	<b>Quantity of commodities (tons)</b>	<b>Distribution by component (%)</b>	<b>Number of beneficiaries male/female/total (CP period)</b>	<b>Percentage of women beneficiaries (CP period)</b>
Component 1	20 684	30	male: 30 450 female: 90 200 total: 120 650	75
Component 2	75 572	70	male: 0 female: 114 600 total: 114 600	100
<b>Total</b>	<b>96 256</b>	<b>100</b>	<b>male: 30 450</b> <b>female: 204 800</b> <b>total: 235 250</b>	<b>87</b>

## ANNEX I-B

<b>COMMODITY TYPE AND RATION SIZE</b>			
<b>CP component</b>	<b>Type of food commodities (name)</b>	<b>Household ration size gm/day for 365 days</b>	<b>Frequency of distribution`</b>
<b>Component 1</b>			
Health and nutrition for pregnant women and lactating mothers	Fortified wheat flour	1 000 g	6 months
	Fortified oil	40 g	
	Sugar	40 g	
Malnourished children under 5	Wheat-soya blend	416 g	9 months
	Fortified oil	40 g	
	Sugar	20 g	
TB and leprosy patients	Fortified wheat flour	1 000 g	8 months (TB)
	Fortified oil	40 g	12 months (leprosy)
	Sugar	40 g	
<b>Component 2</b>			
Education	Wheat grain	416 g	3 times /year
	Fortified oil	22.5 g	





**ANNEX II: RESULTS AND RESOURCES MATRIX OF COUNTRY PROGRAMME YEMEN 10435.0 (2007–2011)**

Results chain (logic model)	Performance indicators	Risks and assumptions	Resources required
<p><b>UNDAF YEMEN</b></p> <p>1. Improved data sources, statistical systems and monitoring and evaluation procedures and capacities, in order to provide gender-disaggregated data in a timely manner with organic links established to the planning and implementation of development interventions.</p>	<p><b>UNDAF YEMEN</b></p> <p>Gender-disaggregated data on:</p> <p>1.1 Enrolment ratio in WFP-supported schools</p> <p>1.2 Literacy rate for females</p> <p>1.3 Employment rate for women</p>		
<p>2. Improved productivity of small enterprises and rural households and access by food-insecure households to food through equitable and sustainable access to resources and services for micro, small and medium enterprises.</p>	<p>2.1 Annual agriculture and crop report (Ministry of Agriculture)</p> <p>2.2 Reduction of food-insecure households to below 21 percent.</p> <p>2.3 Food security report</p> <p>2.4 FIVIMS and WFP VAM studies</p>		
<p>3. The National Population and Reproductive Health Strategy (NPRHS) improved, integrated and operationalized in a five-year development plan and in all sectoral and local plans in order to bring population growth in line with development options and revealed preferences of women as primary actors in human reproduction.</p>	<p>3.1 Existence of a legal framework enforcing NPRHS</p>		
<p>4. Improved and operationalized national information systems providing reliable, disaggregated social-sector related data utilized as a basis for planning, implementation, monitoring and evaluation of poverty reduction interventions.</p>	<p>4.1 Quality and number of sub-national reports on health, population and education sectors</p> <p>4.2 Number of household surveys covering social-sector indicators with appropriate levels of desegregation</p>		
<p>5. Improved capacity of all public institutions and country strategy outlines (CSOs) to implement, monitor and evaluate the population components of reproductive health and family planning.</p>	<p>5.1 Number of births attended by a skilled attendant</p> <p>5.2 Number of midwives working</p>		
<p>6. Improved coverage, awareness, and demand and monitoring of community-based nutrition immunization services, especially in food-insecure and low immunization coverage districts.</p>	<p>6.1 Number of people attending MCH centres</p> <p>6.2 Number of pregnant women enrolled in health centres</p>		





**ANNEX II: RESULTS AND RESOURCES MATRIX OF COUNTRY PROGRAMME YEMEN 10435.0 (2007–2011)**

Results chain (logic model)	Performance indicators	Risks and assumptions	Resources required
	6.3 Number of lactating women attending MCH centres 6.4 Number of under-5 children attending MCH centres		
7. Strengthened national and local capacities to support implementation of BEDS (Basic Education Development Strategy) in order to increase enrolment, focusing on reducing the gender gap in education, improving quality and strengthening governance at all levels to ensure optimal use of resources.	7.1 Number female teachers recruited and trained 7.2 Disparity between boys and girls in the targeted schools 7.3 Increase in girls' enrolment 7.4 Student scores on achievement tests 7.5 Gross enrolment rates for girls and boys		
8. Development of line ministries' capacity to apply, assess and monitor gender-differentiated budgets.	8.1 Number of ministries using gender-differentiated budgeting		
9. Media, young people and CSO networks mobilized to change perceptions of gender roles.	9.1 Number of radio/TV programs dedicated to gender issues		
<b>WFP CP outcomes</b>	<b>WFP CP outcome indicators</b>		
<b>Activity 1 — Nutrition support to women and children and other vulnerable groups</b>			
Outcome 1.1: Reduced level of malnutrition of under-5 children (SO3) (ECW I.1)	1.1.1: Prevalence of under-5 malnutrition among targeted children, assessed using height, weight and age, disaggregated by gender in WFP-assisted MCH centres ( <i>target</i> : at least 5 percent decrease of prevalence of underweight children) 1.1.2: Number and percentage of under-5 girls and boys suffering from moderate and severe malnutrition 1.1.3: Number and percentage of under-5 girls and boys improving from red sector to green sector of nutritional curve 1.1.4: Number and percentage of under-5 girls and boys that do not gain weight by age	Low capacity of health centres Data inadequately collected for planning and monitoring purposes Non-availability of clean water and sanitation Adequate resource mobilization	



**ANNEX II: RESULTS AND RESOURCES MATRIX OF COUNTRY PROGRAMME YEMEN 10435.0 (2007–2011)**

Results chain (logic model)	Performance indicators	Risks and assumptions	Resources required
	1.1.5: Ratio of people graduating from WFP MCH food assistance (ratio assessed using the number of graduating people over the total number of people enrolled by gender by target group)	Availability of supplies and education materials  Knowledge gained by beneficiaries leads to effective change in attitudes	
Outcome 1.2: Reduced level of malnutrition among pregnant women and lactating mothers (SO3) (ECW I.1; I.2; I.3)	1.2.1: Prevalence of malnutrition among pregnant and lactating women, assessed using MUAC, BMI and/or low birthweight in WFP-assisted MCH centres  1.2.2: Percentage of newborns (weighed within 10 days of birth) below 2.5 kg		
Outcome 1.3: Improved health conditions of beneficiaries targeted in TB and leprosy programmes (SO3)	1.3.1: Increased treatment rate of TB and leprosy patients (default and cure rates)		
Outcome 1.4: Improved health conditions of mothers and children targeted by the deworming programme	1.4.1: Increased treatment rate of mothers and children targeted by the deworming programme		
Outcome 1.5: Increased capacity of government counterparts to monitor and report on outcome-level indicators for WFP-assisted MCH centres, and TB and leprosy centres (SO5) (ECW VI. 3, VI. 4)	1.5.1: Improved quality of counterpart monitoring and reporting on outcomes linked to WFP internal performance monitoring		
<b>Activity 2 — Promotion of school enrolment and attendance for girls at all grade levels</b>			
Outcome 2.1: Increased enrolment of girls in WFP- assisted schools (SO4) (ECW II.1, II.2, II.3)	2.1.1: Absolute enrolment: number of girls and boys enrolled in WFP-assisted primary and secondary schools ( <i>target</i> : 10 percent increase in absolute enrolment of girls)  2.1.2: Gross enrolment: percentage of primary and secondary school-age girls and boys enrolled in WFP-assisted schools ( <i>target</i> : 10 percent increase in gross enrolment of girls)	School feeding coverage not accompanied by improvement in quality of education  Community norms on girls' education affect sustainability	



**ANNEX II: RESULTS AND RESOURCES MATRIX OF COUNTRY PROGRAMME YEMEN 10435.0 (2007–2011)**

Results chain (logic model)	Performance indicators	Risks and assumptions	Resources required
	2.1.3: Gross enrolment at national level: percentage of primary and secondary school-age girls and boys enrolled in schools.	Counterparts provide adequate facilities to cope with increased enrolment of girls  Community and PTA actively involved in supporting girls' education at all grade levels	
Outcome 2.2: Increased percentage of girls graduating from secondary schools (SO4) (ECW II.3)	2.2.1: Number and percentage of girls and boys graduating from secondary schools in WFP-assisted schools ( <i>target</i> : 5 percent increase in graduation rates for girls)		
Outcome 2.3: Reduced gender disparity between girls and boys in WFP-assisted primary and secondary schools (SO4) (ECW I.1, I.2, I.3; II.1, II.3; IV.3, IV.4)	2.3.1: Ratio of girls to boys enrolled in WFP-assisted schools.		
Outcome 2.4: Improved health conditions of girl students targeted by the deworming programme	2.4.1: Increased treatment rate of girls targeted by the deworming programme		
Outcome 2.5: Increased capacity of government counterparts to monitor and report on outcome-level indicators for WFP-assisted school feeding programmes (SO5) (ECW VI.1)	2.5.1: Improved quality of counterpart monitoring and reporting on outcomes linked to WFP internal performance monitoring.		
<b>Key CP outputs</b>	<b>Output indicators</b>		
<b>Activity 1 - Nutrition support to women and children and other vulnerable groups</b>			
Output 1.1: Timely provision of nutritious food in sufficient quantity for targeted under-5 children, pregnant women, lactating mothers and other targeted beneficiaries vulnerable to nutrition and health risks (SO3) (ECW V.1, V.2)	1.1.1: Actual beneficiaries receiving WFP food assistance as a percentage of planned beneficiaries, by project category, age group and sex  1.1.2: Actual metric tons of food distributed through each activity as a percentage of planned distributions, by project category and commodity		



**ANNEX II: RESULTS AND RESOURCES MATRIX OF COUNTRY PROGRAMME YEMEN 10435.0 (2007–2011)**

Results chain (logic model)	Performance indicators	Risks and assumptions	Resources required
	1.1.3: Actual participants in each category as a percentage of planned participants, by category 1.1.4: Percentage of micronutrient-fortified food delivered through WFP-supported nutrition interventions 1.1.5: Number of food rations delivered per month to identified malnourished children (by sex), pregnant and lactating women 1.1.6: Number of food rations delivered per month to TB patients 1.1.7: Number of food rations delivered per month to leprosy patients		
Output 1.2: Support to provision of deworming tablets for targeted mothers and children in WFP-supported activities (SO3) (ECW I.2)	1.2.1: Actual beneficiaries provided with deworming tablets through WFP supported activities as a percentage of planned beneficiaries of deworming tablets, by beneficiary category and sex		
Output 1.3: Provision of capacity-building assistance to Nutrition Department, Ministry of Public Health and Population, to improve quality of nutritional data and analysis (SO3) (ECW VI. 3, VI.4)	1.3.1: Number of Ministry of Public Health and Population staff trained in nutrition data collection and analysis 1.3.2: Number of surveys on health and nutrition conducted		
<b>Activity 2 - Promotion of enrolment and attendance to education for girls at all grade levels</b>			
Output 2.1: Timely provision of food to targeted girls and adolescent girls in sufficient quantity to reduce disparity in access to education in primary and secondary schools (SO4) (ECW V.1, V.2)	2.1.1: Actual beneficiaries receiving WFP food assistance as a percentage of planned beneficiaries, by age/ school category/ sex 2.1.2: Actual metric tons of food distributed as a percentage of planned distributions, by commodity		



**ANNEX II: RESULTS AND RESOURCES MATRIX OF COUNTRY PROGRAMME YEMEN 10435.0 (2007–2011)**

<b>Results chain (logic model)</b>	<b>Performance indicators</b>	<b>Risks and assumptions</b>	<b>Resources required</b>
Output 2.2: Support to provision of deworming tablets for children and adolescents in WFP-assisted schools (SO3) (ECW I.2)	2.2.1: Actual beneficiaries provided with deworming tablets through WFP-supported activities as a percentage of planned beneficiaries of deworming tablets, by beneficiary category and sex		
Output 2.3: Provision of capacity-building assistance to the Ministry of Education to improve quality of education data and analysis (SO5) (ECW VI.3, VI.4)	2.3.1: Number of Ministry of Education counterpart staff trained at the central, governorate and district levels in education data collection and analysis  2.3.2: Number of baseline survey updates on school feeding conducted		



## ANNEX III

<b>BUDGET SUMMARY FOR CP YEMEN 10435.0 (2007–2011)</b>			
	<b>Component 1</b>	<b>Component 2</b>	<b>Total Components)</b>
Food commodities (mt)	20 684	75 572	<b>96 256</b>
Food commodities (value)	-6 679 729	19 942 956	<b>26 622 685</b>
External transport	882 229	3 223 353	<b>4 105 582</b>
LTSH <sup>1</sup> (total)	1 756 692	7 087 142	<b>8 843 834</b>
LTSH (cost per mt)	85	94	
ODOC <sup>2</sup>	206 840	755 720	<b>962 560</b>
<b>Total DOC<sup>3</sup></b>			<b>40 534 661</b>
DSC <sup>4</sup>			<b>4 331 520</b>
ISC <sup>5</sup>			<b>3 140 633</b>
<b>Total WFP costs</b>			<b>48 006 814</b>
Government contribution	2 503 200	7 836 000	<b>10 339 200</b>

<sup>1</sup> Landside transport, storage and handling

<sup>2</sup> Other direct operational costs

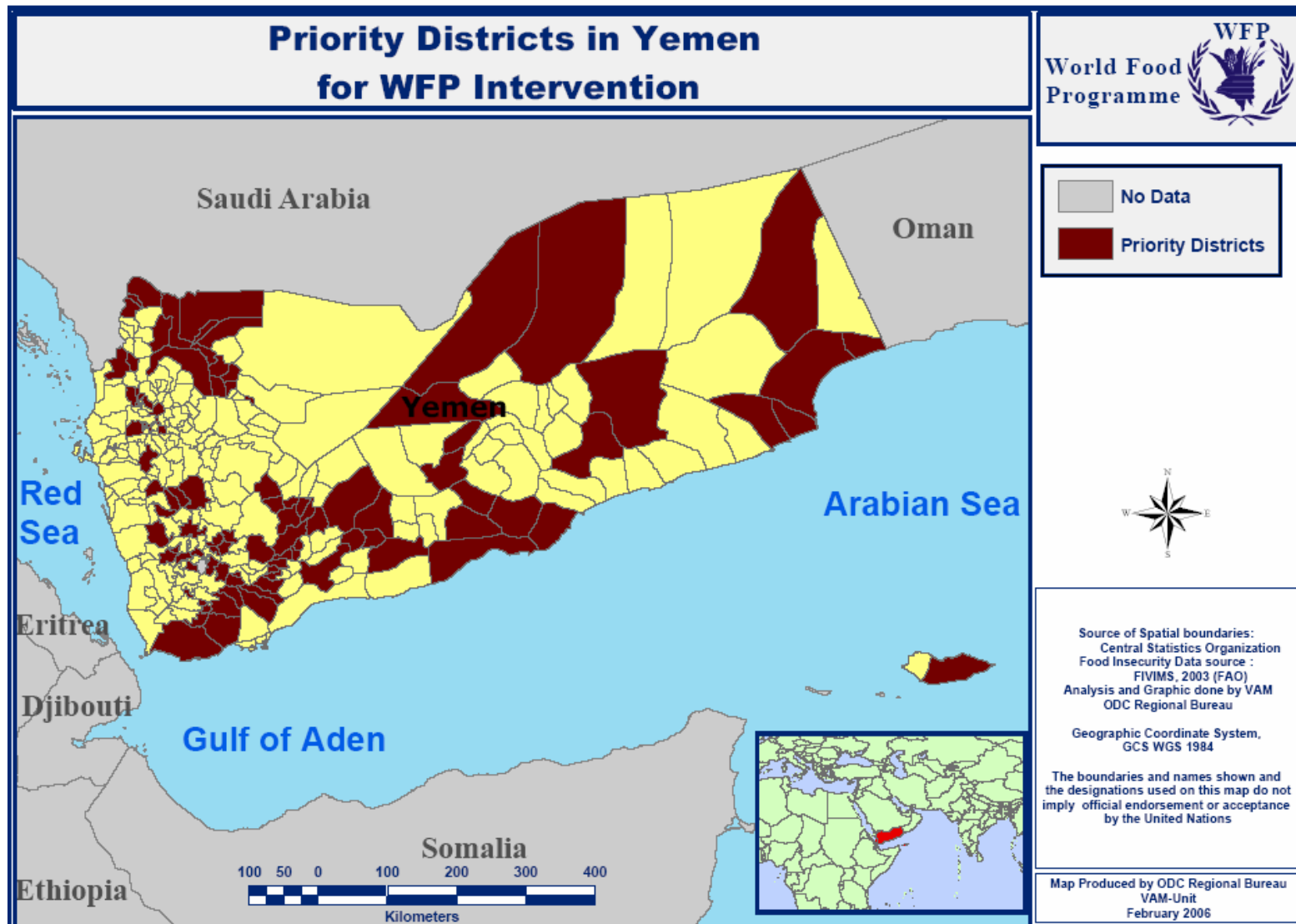
<sup>3</sup> Direct operational costs

<sup>4</sup> Direct support costs

<sup>5</sup> Indirect support costs



Country Programme Yemen 10435.0 (2007–2011)



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

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## ACRONYMS USED IN THE DOCUMENT

CCA	common country assessment
CP	country programme
CSO	country strategy outlines
ECW	Enhanced Commitments to Women
FAO	Food and Agricultural Organization of the United Nations
FIVIMS	Food Insecurity Vulnerability Information and Mapping Systems
GDP	gross domestic product
HDR	Human Development Report
LTSH	landside transport, storage and handling
MCH	mother-and-child health
MDG	Millennium Development Goal
MENA	Middle East and North Africa
NWC	National Women's Committee
ODC	Regional Bureau Cairo (Middle East, Central Asia and Eastern Europe)
PRSP	Poverty Reduction Strategy Paper
PTA	parent-teacher association
SO	Strategic Objective
UNCT	United Nations country team
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WSB	wheat-soya blend